MDR: M4-02-2925-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/30/02.

## I. DISPUTE

Whether there should be a refund reimbursement per onsite audit, for overpayment for services rendered on dates 5/16/01 through 5/22/01.

## II. RATIONALE

- The insurance carrier (requestor) received a HCFA-1450 on 7/11/01 and made a payment of 50% of the entire amount due per the TWCC Rule 134.304 (d), for dates of service 5/16/01 through 5/22/01 pending an onsite audit. The insurance carrier completed an onsite audit on 8/21/01. Per Rule 133.304(a) the audit was completed within 45 days. The onsite audit determined there was an overpayment to the medical provider in the amount of \$12,563.24 by the carrier. The insurance carrier (requestor) did not submit a copy of the itemized audit for review to substantiate the amount requested as overpayment.
- Respondent, the provider, \_\_\_\_, submitted a response to Medical Dispute indicating the following; "No convincing evidence that 'request for refund' was received. \_\_\_\_ has continuously reimbursed at 75% or higher for same/similar services. \_\_\_\_ only received the EOB produced and forwarded by the carrier on 9/13/01. This date is after the date given for the audit."
- Per Rule 133.304(a) and (d) the requestor submitted documentation that substantiated action of written notice and explanation of benefits within the deadline dates, but due to the lack of an itemized audit, reimbursement of overpayment can not be recommended.

## III. DECISION

Based upon the review of the disputed services rendered on dates 5/16/01 through 5/22/03, in this request, the Division has determined that the requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued the <u>22<sup>nd</sup></u> day of <u>October</u> 2003.

Carol R. Lawrence Medical Dispute Resolution Officer Medical Review Division

CRL/crl.